

# The Square Knot

Volume 1, Issue 2  
April 2002

A publication to join in a partnership, with our  
customers, for world class healthcare



## Inside this issue:

|                        |   |
|------------------------|---|
| Fire safety            | 1 |
| Barrier Free?          | 2 |
| Land excavation        | 2 |
| Reviewable Facilities? | 3 |
| New staff              | 3 |
| Resolutions            | 4 |
| Next Issue!            | 4 |

## Questions?!?

### Give us a call

**(360) 705-6784**

\* Daniel Auderer 705-6784  
\* Chad Beebe 705-6648  
\* Rob Bradley 705-6685  
\* Carol Herigstad 705-6645  
\* Bill Kingrey 705-6783  
\* Debbie Rogge 705-6778  
\* Dick Swanson 705-6782  
\* Doug Taylor 705-6628  
\* John Templar 705-6786

FAX .....705-6654

Email: FSLCRS@DOH.WA.GOV

WWW.DOH.WA.GOV/CRS

## FIRE SAFETY DURING CONSTRUCTION

A common comment we have had to make during a review is about fire safety during construction. The WAC's require maintaining a safe environment for the occupants. This includes the time during construction when other parts of the facility are still in use. Article 12 of the Uniform Fire Code requires facilities to maintain the means of egress and emergency escapes. If, during a construction renovation project, the path of egress must be blocked an alternate path of egress that meets the Uniform Building Code requirements must be provided. It is important that we provide a means of egress for the building occupants at all times. Between 1994 and 1998 almost 56 percent of civilian deaths in facilities that care for the sick occurred due to open flame, ember or torch. The use of



combustible materials must be limited and in some instances prohibited. A common material used for keeping dust out is visqueen. When combined with a hot spark from welding or cutting metal studs you have a potential for a very quick ignition and a very high fuel load that can quickly overcome any chances of being extinguished with hand-held fire extinguishers.

Demolition must be approved by CRS before you begin. We need to know your intentions for keeping the environment safe during construction. It should be the responsibility of the contractor to ensure that the environment is safe; therefore we expect the drawings to include any necessary details and requirements for the contractor. If the fire alarm, or sprinkler systems need to be shut down, then a fire watch may be necessary. The contractor should be responsible for obtaining and paying an employee to perform the watch. That person must be trained in the prevention of fire. It shall also be their sole duty. An example of an instance where the facility took on the fire watch responsibilities and lost money is when the contractor had to get a part to repair the sprinkler system. When the system was shut down it was intended to only take a couple of days. Then the part didn't come in as expected and repair was put off for another week. Then the installer was on

another job so it had to wait another week and so on...

- Chad Beebe

**WWW.DOH.WA.GOV/CRS**

## Wheelchair accessible vs. Barrier-free accessible

Several times we have been asked if the requirement for wheelchair accessible toilet rooms in new construction of a nursing home is the same as the barrier-free accessibility requirements found in the state building code.

The basic answer is - No.

The nursing home regulation in WAC 388-97-340(2)(c) requires all patient useable toilet rooms in new construction be designed to accommodate a person in a wheelchair. It does not define how this requirement is to be met, so the facility and it's designer are given some leeway. As plan reviewers for licensure, it is our responsibility, in conjunction with nursing home surveyors, to review and approve such a design.

The nursing home regulation in WAC 388-97-410 (1) requires a facility demonstrate its compliance with the state building code through design, construction, and permitting. A CRS policy has been to accept the local building officials determination of compliance. The state building code includes state-wide amendments to the Uniform Building Code. Part of these amendments include barrier-free accessibility standards for this state that have been deemed equivalent to the Americans with Disabilities Act (ADA) regulations by the United States Department of Justice.



As part of the permitting process, the local building official is the person charged with the responsibility of reviewing proposed construction projects for compliance with the building codes including the barrier-free accessibility. Section 1103.1.6(3) UBC State Amendments requires one-half of all nursing home patient rooms to meet barrier-free accessibility standards including associated toilet rooms and

bathrooms. Section 1106.2.2 UBC State Amendments provides two options for meeting this accessibility requirement. The first method is to provide a sixty-inch (60") diameter turning radius. The second method is to provide a T-shaped area that is 36" wide with each leg providing a 24" long space clear of obstructions.

CRS policy is to defer responsibility to the local building official to determine the number of nursing home patient rooms and their associated toilet rooms that are required to meet barrier-free accessibility regulations. However, from a licensing point of view, all patient use toilet rooms are required to be wheelchair accessible. **-Dick Swanson**

## Infection Control Considerations: Land excavation & demolition

Because current trends in hospital restructuring in North America, amalgamations, and mergers, and the aging of healthcare facilities, the need to restructure physical buildings has become greater. Hospital construction carries with it risks to patients. One key concern is the risk of aspergillosis associated with hospital construction. Infection control practitioners must consider some key factors when addressing land excavation and building demolition, which differ in some ways from construction that occurs within the healthcare facility. The key factors to consider are project concept, risk assessment of patients, procedures and environment, air quality, routes of entry and egress, soil management, conducting inspections, contingency planning, housekeeping, and lines of cooperation and communication with various stakeholders. Considering these areas will help ensure that healthcare facility personnel and the workers have exercised diligence in patient care. (American Journal Infection Control 2001; 29:321-8)"

Any facility that cares for compromised individuals, such as hospitals, nursing homes, or boarding homes need to be aware of health and safety of their clients and staff during construction operations.

This is a reprint from: American Journal of Infection Control 2001; 29:321-8. You may obtain the full manuscript by contacting:

Siu Mee Cheng, MHS, Infection Prevention and Control Unit, University Health Network, 585 University Avenue, 13 NU-118, Toronto, Canada, M5G 2C4.

## Types of Facilities reviewed by DOH-CON and CRS

The following is a list of facilities that need to be reviewed by Construction Review Services (CRS) and Certificate of Need (CON)

| Facility Type  | State License Required | Certificate of Need (CON) | Construction Review (CRS) | Medicare Certification for payment |
|--|------------------------|---------------------------|---------------------------|------------------------------------|
| Ambulatory Surgical Centers  | no                     | yes/no                    | voluntary                 | required                           |
| Adult Residential Rehab Centers  | yes                    | no                        | required                  | no                                 |
| Alcohol Treatment Facilities   | yes                    | no                        | required                  | required                           |
| Boarding Home**  | yes                    | no                        | required                  | required                           |
| Childbirth Centers   | yes                    | no                        | required                  | no                                 |
| Critical Access Hospitals  | yes                    | yes                       | required                  | required                           |
| Eye Banks  | yes                    | no                        | no                        | no                                 |
| Home Care Agencies   | yes                    | no                        | no                        | no                                 |
| Home Health Agencies   | yes                    | yes/no                    | no                        | required                           |
| Hospice Agencies   | yes                    | yes/no                    | required                  | required                           |
| Hospitals  | yes                    | yes                       | required                  | required                           |
| Kidney Centers (ESRD)  | no                     | yes                       | voluntary                 | required                           |
| Nursing Homes**  | yes                    | yes                       | required                  | required                           |
| PACD Hospitals   | yes                    | no                        | required                  | required                           |
| Prison Hospitals   | no                     | no                        | voluntary                 | no                                 |
| Psychiatric Hospitals  | yes                    | yes                       | required                  | required                           |
| Rehabilitation Agencies  | no                     | no                        | no                        | required                           |
| Residential Treatment Facilities for Psychiatrically Impaired Children | yes                    | no                        | required                  | no                                 |
| CORF's   | no                     | no                        | no                        | required                           |
| Rural Health Clinics   | no                     | no                        | no                        | required                           |

\*\* Facilities are licensed by the Department of Social and Health Services

## Meet Debbie, Doug, and Daniel

**Debbie Rogge** is our new Office Assistant Senior. She comes to us from Briggs Nursery in Olympia, Washington. She was their Telephone Receptionist/Office Assistant. Debbie has filled the vacancy left by Lori Miller. She will provide clerical and administrative support to the Construction Review Services manager and professional/technical plan review staff.

**Doug Taylor** is our new small projects plan reviewer. He was formerly the building official for the City of Cosmopolis, WA. Our plan is that he will free up more time for the other reviewers to speed up the plan reviews for all projects. He will be trained in all four disciplines, Architectural, Mechanical/Electrical, Environmental

Health, and Fire and Life Safety, and will provide backup when other reviewers are out-of-the-office.

**Daniel Auderer** is our Project Coordinator. He was previously with the DOH-Legislative Affairs Office. He will be your primary contact for project status, procedure clarification, and coordination of your project with: you, your design team and other agencies to assure a timely review process.

Their phone numbers are listed on the cover page.

# The Square Knot

Department of Health  
Construction Review Services  
PO Box 47852  
Olympia, WA 98504-7852

The Department of Health works to protect and improve the health of the people in Washington State

---

## NEW YEAR RESOLUTIONS...

As we kick off a new year we can anticipate more changes in CRS.

Help us welcome our Project Coordinator **Daniel Auderer**, Plans Reviewer **Doug Taylor**, and Office Assistant Senior **Debbie Rogge**.

With everyone's help our new years resolution is to keep up with our target dates. As you may know we target 30 days for an initial submission and 15 days for each resubmission. In order for us to accomplish our resolution we depend on

the submissions to be complete when sent to us. Remember to include an application, fee, functional program and signed and stamped drawings with your initial submission. With each resubmission be sure to include written responses and revised drawings to our comments. Unlike the local building officials we only approve revised drawings so all comments must be reflected in the drawings. As we continue to seek the best possible way to serve you, your comments are appreciated.

Please take the time to fill out our online survey at [www.doh.wa.gov](http://www.doh.wa.gov).

### NEXT ISSUE.....

The next Square Knot publication date is July 2002.  
Our deadline for articles is April 30, 2002.  
Editor: [John.Templar@DOH.WA.GOV](mailto:John.Templar@DOH.WA.GOV).  
Next issue will have information on:  
The Certificate of Need Process  
Elevator Equipment Room Cooling  
"B" vs. "I" Occupancies in Healthcare

### UPCOMING EVENTS....

The Washington State Society for Healthcare Engineering (WSSHE) will meet to learn about "What's new in HVAC systems". This WSSHE meeting will be at Campbell's Resort in Chelan, WA, May 2-3, 2002. Registration starts in mid-March. Call Ray Tiedeman at (253) 403-4541 to join-in. WSSHE always has first class conferences. See you there!